

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 3, 1981

ALL-COUNTY INFORMATION NOTICE I-94-81

TO: ALL COUNTY WELFARE DIRECTORS  
HOLDERS OF STATISTICAL REPORTS MANUAL

SUBJECT: FORM ABCD-350, RECIPIENT REPORT ON AFDC, SOCIAL SERVICES, MEDI-CAL-  
ONLY, AND NONASSISTANCE FOOD STAMP--ETHNIC ORIGIN AND PRIMARY LANGUAGE

REFERENCE:

Form ABCD-350 is being revised to reflect annual reporting, rather than semi-annual, to coincide with annual reporting on Form DFA-358, Food Stamp Program Participants by Ethnic Group. The semi-annual report month of October 1980 will therefore be eliminated. The first annual reporting month will be April 1982.

In addition, the report due date is being changed from the eighth (8) day of the calendar month following the report period to no later than 45 days following the end of the report period to coincide with reporting dates for the DFA-358.

A copy of the revised form and instructions for the ABCD-350 are attached. These forms may be ordered through normal DSS Warehouse ordering procedures after January 1, 1982. If you have any questions, please contact Ray Bacon of the Statistical Services Branch at (916) 323-2337 or ATSS 473-2337.

Sincerely,

*for* *Bryan A. Finn*  
CLAUDE E. FINN  
Deputy Director  
Administration Division

Attachments

cc: CWDA

ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES,  
MEDI-CAL-ONLY, AND NONASSISTANCE FOOD STAMP - ETHNIC ORIGIN  
AND PRIMARY LANGUAGE (FORM ABCD 350)

CONTENT

This report provides annual data on ethnic origin and primary language on AFDC, Social Services, Medi-Cal-Only, and Nonassistance Food Stamp Recipients.

PURPOSE

The data collection is necessary for (1) identifying problems regarding delivery of equal services to recipients, (2) providing management with data needed for measuring the effects and accomplishments of County "Bilingual Services" Programs, and (3) measuring compliance with Federal Civil Rights "law".

DISTRIBUTION

Data from this report will be compiled and released to program managers, Mike White Civil Rights Bureau, and other interested persons and agencies.

DUE DATE

The report is to be received in Sacramento as soon as possible after the last day of the report month of April, but no later than 45 days following the report month.

Send reports to:

Department of Social Services  
Statistical Services Branch  
744 P Street, Mail Station 12-81  
Sacramento, California 95814

When data are unavailable, or have not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the rest of the report. Forward missing data as soon as available.

ETHNIC ORIGIN DEFINITIONS

White (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Black (Not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander - All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa. Although persons of Filipino descent would normally be included under this category, because of a State requirement, Filipinos will be reported separately under the ethnic category, "Filipino".

### ETHNIC ORIGIN DEFINITIONS (continued)

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Filipino - Persons whose ancestry or ethnic origin is of the Philippine Islands.

### INSTRUCTIONS

The report month will be for April each year.

### ETHNIC ORIGIN AND PRIMARY LANGUAGE PROCEDURE

Ethnic origin and primary language are to be determined by the applicant or recipient filling out the appropriate section of the application form. If the applicant or recipient does not provide the information, it is the responsibility of the welfare department to make a determination based on observation and to record the necessary data.

### SOCIAL SERVICES

Social Services are defined as those activities imposed by the requirements of Title XX of the Social Security Act dealing with social services for families and adults.

### PART A. ETHNIC ORIGIN (PERSONS)

Applicable only to AFDC, Social Service, and Medi-Cal-Only recipients. Applications not yet determined eligible during the report month are not to be reported.

For each ethnic category, in the applicable column, report the number of persons receiving AFDC, Social Services, or Medi-Cal-Only services.

### AFDC

Count all other members of the recipient's family in the same ethnic category as the recipient. Report each person in only one ethnic category.

Total persons count for the AFDC (FG, U, <sup>FC</sup>) column must equal the total persons reported in Items 8a(1), 8a(2), and 8a(3), Form CA 237 FG/U and Item 8a, Form CA 237 <sup>FC</sup> for the same report month.

### SOCIAL SERVICES

Report all persons (in AFDC, Adult Aids, Medi-Cal-Only, and Social Services Only) who actually received one or more social services (in the report month) provided directly by the county welfare department. Do not include persons for which services are purchased from other organizations and facilities or for which only information and/or referral services are given.

Report each person only once regardless of the number of different services provided during the report month. Persons reported can be from the same family budget unit; however, each person must have received a separate social service.

PART A. ETHNIC ORIGIN (PERSONS) (Continued)

Total persons count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

MEDI-CAL-ONLY

A Medi-Cal-Only case is one not receiving Public Assistance payments but is Medi-Cal-eligible through a separate Medi-Cal determination that does not confer cash aid eligibility, i.e., medically needy (MN) and medically indigent (MI). Report all other members of the recipient's family in the same ethnic category as the recipient. Report each person in only one ethnic category.

PART B. PRIMARY LANGUAGE SPOKEN (CASES)

This part of the report applies to the primary language. A primary language is that language which must be used in order to effectively communicate. If the person can effectively communicate in English and another language, English should be noted as their primary language.

For the primary language spoken, in the applicable column, report the number of cases for each category.

Report only the recipient or head of household and not members of the recipient's or head of household's family.

Report only one primary language for each case.

Specify in a footnote, by language and number of cases, any entries in the Other Non-English columns.

Total case count for the AFDC (FG, U, FC) column must equal the total cases reported in Item 8a, Form CA 237 FG/U and Item 8a, Form CA 237 FC for the same report month.

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on Form DFA-256, Item 1.a., Column (B) for the same report month.

Total Case Count for the Medi-Cal-Only column must equal the total cases reported in Item 10, Form MC 237 for the same report month.

FORM (ABCD 350)

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.

SEND ONE COPY TO:  
 Department of Social Services  
 Statistical Services Branch  
 744 P Street, Mail Station 12-81  
 Sacramento, California 95814

**ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES  
 NONASSISTANCE FOOD STAMPS, AND MEDI-CAL ONLY  
 ETHNIC ORIGIN AND PRIMARY LANGUAGE**

COUNTY

FOR THE MONTH OF

YEAR

APRIL

**PART A. ETHNIC ORIGIN**

CODE	ETHNIC ORIGIN	NUMBER OF PERSONS		
		AFDC (FG/U, FC)	SOCIAL SERVICES	MEDI-CAL-ONLY <sup>c/</sup>
1	White (not of Hispanic origin)			
2	Hispanic			
3	Black (not of Hispanic origin)			
4	Asian or Pacific Islander			
5	American Indian or Alaskan Native			
7	Filipino			
TOTAL <sup>a/</sup>				

**PART B. PRIMARY LANGUAGE SPOKEN**

ITEM	LANGUAGE	NUMBER OF CASES			
		AFDC(FG/U, FC)	SOCIAL SERVICES	NONASSISTANCE FOOD STAMPS	MEDI-CAL-ONLY <sup>c/</sup>
1	Spanish				
2	Chinese				
3	Japanese				
4	Korean				
5	Filipino (Tagalog)				
6	Other Non-English (specify)				
7	English				
TOTAL <sup>b/</sup>					

REPORT PREPARED BY

TELEPHONE NUMBER

DATE

<sup>a/</sup> Total persons for AFDC must equal CA 237 FG/U, Item 8a (1) + 8a (2) + 8a (3) and CA 237 FC, Item 8a.

<sup>b/</sup> Total AFDC cases must equal CA 237 FG/U, Item 8a and CA 237 FC, Item 8a. Total Nonassistance Food Stamp cases must equal DFA-256, Item 1a, column (B). Total MEDI-CAL-ONLY cases must equal MC 237, Item 10.

<sup>c/</sup> Includes both Medically Needy (MN) and Medically Indigent (MI).